MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

	SERIAL NO.	FILING DATE
	APPLICANT(S)	

CLAIMS

CLAIM	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		CLAIM	IND	DEP	IND	DEP	IND	DEP
	IND	DEP	IND	DEP	IND	DEP							
1							51						
2							52						
3							53						
4							54						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						